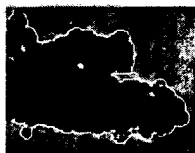


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Brief Report

Hepatocellular carcinoma-fibrolamellar variant: Cytopathology of an unusual case

George Kunz Jr., M.D.¹, Jeffrey Chung, M.D.², Syed Z. Ali, M.D.^{1*}

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Keywords

hepatocellular carcinoma; fibrolamellar variant; biliary brushing; fine-needle aspiration; cytopathology

Abstract

The fibrolamellar variant of hepatocellular carcinoma (FL-HCC) is an uncommon visceral malignancy with a distinctly better prognosis. An accurate initial diagnosis, therefore, is essential for prognostic and therapeutic reasons. This case report describes the cytomorphology of an unusual case of FL-HCC in a 13-yr-old boy who was found to have a hepatic mass with prominent intraluminal growth pattern seen predominantly in the right hepatic duct. A diagnosis of FL-HCC was originally suspected on bile duct brushings obtained during endoscopic retrograde cholangiopancreatogram (ERCP) and subsequently confirmed on fine-needle aspiration (FNA) and surgical resection of the hepatic tumor. The cytomorphologic profile of FL-HCC is distinctive in the right clinical setting, allowing an accurate preoperative identification of this malignancy on biliary brushing or FNA. Diagn. Cytopathol. 2002;26:257-261. © 2002 Wiley-Liss, Inc.

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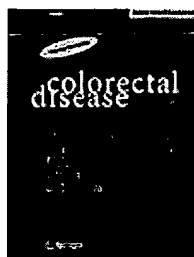
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Accepted: 26 March 1990

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(CQ), adriamycin (ADM), mitomycin C (MMC), aclacinomycin A (ACR), cisplatin (DDP), and 5-fluorouracil (5-FU), differed from that of the primary lesions-the metastatic lesions were less sensitive to all these drugs. There were no correlations of chemosensitivities between the primary and the metastatic lesions ($r=-0.4331 \sim 0.4857$).

Thus, in patients with liver metastasis from a primary colorectal cancer, treatment with these drugs may not be so effective. When selecting antitumour drugs for metastatic liver lesions of colorectal cancer, the chemosensitivity of the primary tumour should first be assessed.

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Hepatocellular carcinoma accounts for 80% to 90% of all liver cancers. It occurs more often in men than women and occurs mostly in people 50 to 60 years old. The disease is more common in parts of Africa and Asia than in North and South America and Europe.

The cause of liver cancer is unknown, but contributing factors include chronic liver disease, viral hepatitis (especially hepatitis B and C), hemochromatosis, known hepatic (liver) carcinogens, and toxins (mycotoxins) found in foods in parts of Africa and Asia. The incidence is about 4 in 10,000 people.

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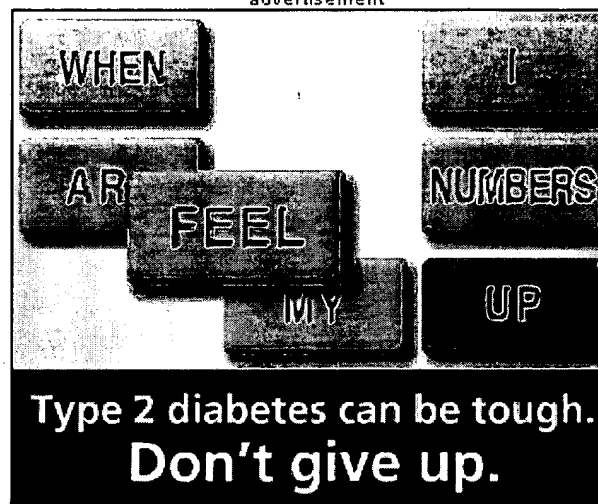
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